



The purpose of this form is to identify individuals who will be participating in the Young Athletes program.

Participant's Name - Last / First _____

City _____ State _____ Zip Code _____

Gender: Male Female Birth Date: Month _____ Day _____ Year _____

Does the child attend a formal daycare or preschool program? Yes No

Name of Daycare / Preschool _____

Does the participant attend school? Yes (*What grade?* _____) No

Name of School / City attended _____

Quik HealthCheck	Yes	No	How would you rate child's overall health & fitness:	
1 – Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Excellent	<input type="checkbox"/> Comments: _____
2 – High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/> _____
3 – Seizures / Epilepsy / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/> _____
4 – Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Poor	<input type="checkbox"/> _____
5 – Eyeglasses / Contacts	<input type="checkbox"/>	<input type="checkbox"/>		
6 – Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>		

Child's Physician - Print _____ Dr.'s Office # _____
Required **Required**

Parents/Guardians Name – Last / First _____

Address (If different from Participant) _____

City _____ State _____ Zip Code _____

Day Phone w/ Area Code _____ Cell Phone w/ Area Code _____

Email _____

Place of Employment _____

What is your relationship to the Participant you are registering?

Parent/Guardian Sibling Other family member OTHER _____

- For children with Down Syndrome, Special Olympics strongly recommends that parents/guardians speak with their family physician about having their child tested for Atlanto-Axial Instability (AAI). AAI describes increased flexibility in the upper neck, which, if present, may place the spinal cord at risk for injury.
- Once a child graduates to the official SOOK program, the SOOK Medical/Release & Down Addendum will be required for participation.



Young Athletes Release Form – SUMMARY

1) PARAGRAPH ONE

- Parent/Guardian of a Young Athlete gives permission for said Young Athlete to participate in Special Olympics.

2) PARAGRAPH TWO

- Notification of the right to use the Young Athlete’s likeness, name, voice or words in media, for purposes of advertising, promoting, communicating or fundraising for Special Olympics Oklahoma.

3) PARAGRAPH THREE

- Authorization for Special Olympics to provide Athlete with medical treatment in case of a medical emergency.

4) PARAGRAPH FOUR

- Authorization for the Young Athlete to participate in the Healthy Athletes program.

ANY CHANGES OR ADDITIONS TO THE FORM BELOW MUST BE APPROVED BY Special Olympics Oklahoma

Young Athletes Release Form - COMPLETED BY PARENT OR GUARDIAN OF the YOUNG ATHLETE

I am the parent/guardian of _____, the minor participant, on whose behalf I have submitted the attached application for participation in Special Olympics. The participant has my permission to participate in Special Olympics activities. I further represent and warrant that to the best of my knowledge and belief, the participant is physically and mentally able to participate in Special Olympics.

In permitting the participant to participate, I am specifically granting my permission, forever, to Special Olympics to use the participant’s likeness, name, voice and words in television, radio, film, newspapers, magazines, internet and other media, for purposes of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I also understand that group data collected from the Young Athletes Program may be used to plan, evaluate, and improve the program.

If a medical emergency should arise during the participant’s participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the participant’s care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the participant is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the participant’s health and well-being.

By signing below, I consent to the participants’ participation in the Healthy Athletes Program. I understand that I should seek independent medical advice and assistance, as I am responsible for the participant’s health. I understand that information gathered as part of the screening may be used anonymously to assess and communicate overall health and needs of participants and to develop programs to address those needs.

As the parent/guardian of the participant named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the participant. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the participant named above. I hereby give my permission for the participant named above to participate in Special Olympics games, recreation programs, and physical activity programs.

Signature of Parent/Guardian

Date

